2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000094851

Entity Name: LAC SUPPLIES, CORP

City-St-Zip:

DORAL, FL 33178

FILED Apr 29, 2009 Secretary of State

Littly Nan	ie. LAC SUFFLIES, CORF			
Current Pr	incipal Place of Business:	New Principal Place o	New Principal Place of Business:	
7170 NW 8 SUITE # 11 MIAMI, FL		2925 NW 126TH AVE 1-107 SUNRISE, FL 33323		
Current Ma	ailing Address:	New Mailing Address	New Mailing Address:	
7170 NW 84TH AVENUE SUITE # 110 MIAMI, FL 33166		7220 NW 114TH AV 209 DORAL, FL 33178	209	
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
	Z, PEDRO A 4TH AVENUE 33166 US	7220 NW 114TH AV 209		
The above in the State	named entity submits this statement for th of Florida.	e purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: ANTONIO INSAUSTI CEBALLOS		04/29/2009	
	Electronic Signature of Registered A	Agent	Date	
Election Cam	npaign Financing Trust Fund Contribution ().			
OFFICERS	AND DIRECTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete SANDOVAL, LUZ MARIA 7170 NW 84TH AVE, SUITE 110 MIAMI, FL 33166	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete RODRIGUEZ, CARLOS 7170 NW 84TH AVE, SUITE 110 MIAMI, FL 33166	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () Delete INSAUSTI CEBALLOS, ANTONIO 7220 NW 114TH AVE. NO. 209	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ANTONIO INSAUSTI CEBALLOS RA 04/29/2009